

12-5-83

X Rays & ultrasound

max Sanchez

12-9-83

ultra - Much improved

of Brian North - 2558 1543 N Newydd  
~~of Mrs Foster Jones - 491 N 200W - 6376~~  
at Henderson

2 mi  
no  
of  
Haber

Need 765 x 2 y Polignos  
" another " north of barn  
" " Stone house South of barn  
Build a barn  
Spring -

2 mi  
no  
of  
Haber

Took survey above Haber ca  
came in 1859  
Helped build road up from canyon

Barn  
(1) David Shirts } Peter & Margaret  
(2) Elizabeth Ann } Catherine

for Mrs Mc Donald \* 1834 James & Sarah Ferguson

AL



# THE INDUSTRIAL COMMISSION OF UTAH

350 EAST 500 SOUTH  
SALT LAKE CITY, UTAH 84111

## MEDICAL REPORT

### FORWARD IMMEDIATELY AFTER FIRST SEEING PATIENT

Name of Employer Enach Smith Company  
(IMPORTANT: ASCERTAIN OPERATING TITLE OF COMPANY—NOT NAME OF FOREMAN, ETC.)

Address of Employer 2009 Lucky John Drive P.C. Utah (#521-4567)  
(Royal Inn)

Employer's Workmens Compensation Insurance Carrier Carroon & Black 414 E. 5th So. S.C. Utah

Name of Injured Max Merrill Sanchez Phone No. 649-9208

Residence Address 841 Mountain Oak Court P.C. Utah S. S. Number 529-36-8364

Give Date and Hour of Injury Nov. 28, 1983 3:00 P. M. Age 52 Sex Male

Date Injured Had to Leave Work not missed 19  ,    M.

1. Statement of patient as to how injury was sustained.	Making cross country ski trail & got stuck on snowmobile, was attempting to lift snowmobile up and twisted and pulled back muscles left side.
2. Give nature and extent of injuries. Patient must be thoroughly examined for all possible injuries due to the accident, and this first report must be complete in detail. (If additional space is needed, use reverse side.)	Bilateral paravertebral muscle spasm & more on L side at lumbar level. Rt leg raising to 45° bilat. X-Rays neg for fx or disloc.
3. In your opinion, is present trouble due to any pre-existing condition? If so, what?	no
4. When will employee be able to return to work?	about 2 weeks -
5. Will any permanent injury or deformity result? If so, to what extent?	unlikely
6. Give names of all physicians or surgeons who have examined patient for present injury.	R. RAYMOND GREEN, M.D. 45 SOUTH MAIN ST. HEBER CITY, UTAH 84032
7. Name of hospital. Date hospitalized.	none yet

Section 35-1-98, Utah Code Annotated, as amended, provides that any physician or surgeon who refuses or neglects to make any report at any time required by the Commission is guilty of a misdemeanor, and shall be punished by a fine of not more than \$500.00 for such offense. Rule 1 of the Medical and Surgical Fee Schedule requires this "Medical Report" to be mailed to the Commission within one week after first attendance. Rule 10 requires written consent from the Commission before an injured employee can change doctors. The attending Physician must not express an opinion as to whether or not the injury is Industrial unless requested by the Commission.

Date First Examined Patient 12-3 1983

Date of This Report 12-3- 1983

R. RAYMOND GREEN, M.D.  
45 SOUTH MAIN ST.  
HEBER CITY, UTAH 84032  
SIGNED: R. R. Green Surgeon

Address: Street \_\_\_\_\_